

# BEST AVAILABLE COPY

9

CLAIMS ONLY						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/					51		
2	/					52		
3	/					53		
4	/					54		
5	/					55		
6	/					56		
7	/					57		
8	/					58		
9	/					59		
10	/					60		
11	/					61		
12	/					62		
13	/					63		
14	/					64		
15						65		
16						66		
17						67		
18						68		
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37						87		
38						88		
39						89		
40						90		
41						91		
42						92		
43						93		
44						94		
45						95		
46						96		
47						97		
48						98		
49						99		
50						100		
TOTAL IND.	3					TOTAL IND.		
TOTAL DEP.	//					TOTAL DEP.		
TOTAL CLAIMS	14					TOTAL CLAIMS		

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS